

Article - Health - General

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§15–103.6.

(a) (1) Subject to paragraph (2) of this subsection, on or before June 30, 2017, the Department shall adopt regulations necessary to ensure that the Program is in compliance with the federal Mental Health Parity and Addiction Equity Act and the federal Patient Protection and Affordable Care Act.

(2) Except as provided in § 15–103.8 of this subtitle, the Department is not required to adopt regulations under paragraph (1) of this subsection for any change that may be made through a process other than the regulatory process.

(b) The regulations adopted under subsection (a) of this section shall include standards regarding treatment limitations for specialty mental health and substance use disorder services that comply with the federal Mental Health Parity and Addiction Equity Act and the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010, and relate to:

- (1) The scope of benefits for:
 - (i) Telehealth services; and
 - (ii) Residential treatment programs that are not institutions for mental disease;
- (2) Service notification and authorization requirements;
- (3) Licensed specialty mental health or substance use disorder program billing for:
 - (i) Services provided by physicians, advanced practice nurses, and physician assistants;
 - (ii) Services provided by a licensed specialty mental health or substance use disorder program at a location that is not the primary location at which the program is licensed; and
 - (iii) Separate levels of service provided within a single day or week; and

(4) Reimbursement rates.

(c) The treatment limitations for specialty mental health and substance use disorder services comply with the federal Mental Health Parity and Addiction Equity Act and the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act of 2010, if the operable processes, strategies, evidentiary standards, or other factors used in applying a treatment limitation to specialty mental health or substance use disorder services, as written and applied, are comparable to and no more restrictive than, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the treatment limitation to medical and surgical services.

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